

INSTRUCTIONS FOR REPLACEMENT RENEWAL FORM

If you did not receive or lost your original renewal notice, the Replacement Renewal Form has been provided by the Board on our website for your convenience. Please read all the instructions below before completing the Replacement Renewal Form.

RENEWAL FEE: The amount due is to be paid **BEFORE THE EXPIRATION DATE** of the license. There is **NO** grace period for license renewal. Any payment received after the expiration date is late. The post office cancellation mark (postmark) is used to determine the date of receipt. **NOTE: IT IS AGAINST THE LAW TO PRACTICE IF YOUR LICENSE HAS EXPIRED.**

LATE FEE: If after 60-days from the license expiration date a payment is not received, a second notice will be sent. **This will be the final notice sent to you by the Board.** The forfeiture (late) fee is \$150.00 in addition to your standard renewal fee of \$150.00.

ACTIVE STATUS: Complete all questions on the Replacement Renewal Form and any other applicable portion. **REMEMBER** to sign the Replacement Renewal Form, answer all questions, and include the \$150.00 renewal fee.

INACTIVE STATUS: If renewing an inactive license or changing your license to inactive status, complete all applicable portions and include the \$150.00 renewal fee. Provide a current mailing address where future renewal notices are to be mailed. **NOTE: IT IS AGAINST THE LAW TO PRACTICE ON AN INACTIVE LICENSE.**

CONTINUING EDUCATION (CE) REQUIREMENTS: The law requires completion of a minimum of 12-hours of Board-approved CE, of which 4 hours must be in adjustive technique, unless you are exempt (see CE exemptions). CE must be completed prior to your license expiration date. All licensees are subject to a CE audit; failure to provide proof of completion or any CE taken after the license expiration date will result in an administrative citation.

CE EXEMPTIONS: Exemptions to the CE requirement are as follows – inactive licensees; new licensees in the year the license was issued; full-time teachers (proof of full-time teacher status is required); lecturers are given two hours credit for each hour of actual lecturing at a recognized course; Commissioners on Examination who administer the NBCE practical examination at least 12-hours annually (proof from NBCE must be provided directly to the Board); and current Board members after one full year on the Board.

CARDIO PULMONARY RESUSCITATION/BASIC LIFE SUPPORT (CPR/BLS): Current certification in CPR or BLS from the American Red Cross, American Heart Association, or other associations approved by the Board is required. This requirement is in addition to the 12-hours of CE required annually.

ADDRESS CHANGE: If you have recently moved or plan to move your primary place of practice within 30-days from the mailing of this renewal notice, complete Section A below.

SATELLITE LOCATION: If you have sub-offices in addition to your primary place of practice, you are required to complete a Satellite Application and submit it to the Board. The application is available at <http://www.chiro.ca.gov/forms/> under the Licensing heading.

NAME CHANGE: If you have recently had a name change or anticipate a change within 10 days from the mailing of this renewal form, please complete the Section A below and provide legal documentation such as a marriage certificate, or court documents with your renewal form.

RENEW YOUR LICENSE EARLY

To ensure proper posting of your renewal fee, check to make sure that all applicable questions have been answered, your payment is enclosed, and that you have signed the renewal form.

FAILURE TO COMPLETE THE RENEWAL FORM PROPERLY WILL DELAY RECEIPT OF YOUR NEW LICENSE.

REPLACEMENT RENEWAL FORM

See instructions sheet prior to completion of this notice. Remember to answer all questions and to send payment of \$150.00 and this completed notice to:

State of California
Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931

~Failure to provide all requested information on this form will result in a delay of your renewal~

Check the Box that applies to this renewal: ☐ Active License ☐ Inactive License

Print or Type Clearly:

Name:	DC #:
Current Practice Address:	
License Expiration Date:	

Answer the following questions.

1. Law Violations: During the last 5 years, have you been convicted of, or pled nolo contendere to, any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction?

☐ Yes

☐ No

2. Disciplinary Action: Have you had any disciplinary action taken against you by any other state or regulatory agency?

☐ Yes

☐ No

If you answered Yes to either question 1 or 2, attach a DETAILED explanation with your renewal notice.

3. Continuing Education (CE): I certify under the penalty of perjury that I have completed and can document (if audited) 12 hours of Board-approved CE prior to my license expiration date, or that I have met the exempt CE requirements.

4. CPR: I certify that I have completed a Board-approved CPR training course and hold a valid CPR certificate.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: _____ **Date:** _____
Licensee's Original Signature Required

A: Complete only if a change of name or address has occurred:

New Name _____

Practice Address _____

*Physical Address _____

*(if practice address is a P.O. Box)

City _____ State _____ Zip _____

Phone Number _____

B: MAILING ADDRESS if not practicing:

Name _____

Mailing address _____

City _____ State _____

Zip _____